



City of BLOOMFIELD New Mexico

February 10, 2016

VIA ELECTRONIC MAIL: (R8_GKM_Claims@epa.gov)

And

U.S. Environmental Protection Agency
Attn: Gold King Mine Release (A8K9) Claims
1595 Wynkoop St (MC-8RC)
Denver, CO 80202-1129

RE: City of Bloomfield, NM - Claim Form and Supporting Documentation for
Gold King Mine Release

Dear Claims Reviewer:

Please accept the attached Claim Form and supporting documentation for expenses related to the Gold King Mine Release that were incurred by the City of Bloomfield. The following items are included:

- EPA Standard Form 95
- Aztec Water Transfer table
- Bill to Aztec
- Receipt of payment (email)
- Table of revenues for August 2014 and August 2015
- Calculation of Overtime table.
- Overtime timesheets
- Water Conservation Press Release

Bloomfield's water source is the San Juan River, and not the Animas River. While water could not be withdrawn from the Animas River, The City of Aztec requested that Bloomfield serve water to Aztec. Please review the attached supporting documentation and let me know if you have any questions, or require further information.

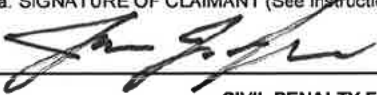
Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason J. Thomas', is positioned above the printed name.

Jason J. Thomas, PE
City Engineer/Public Works Director

CC: Mr. Eric Strahl, City Manager
Ms. Teresa Brevik, Special Projects Director
Mr. T. Ryan Lane, ESQ, City Attorney
Ms. Cassandra Malone, ESQ, Keleher & McLeod P.A.

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Environmental Protection Agency Attn: Gold King Mine Release (A8K9) Claims 1595 Wynkoop ST (MC-8RC) Denver, CO 80202-1129			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. City of Bloomfield 915 North First Street Bloomfield, NM 87413 attn: Jason Thomas, Public Works Director		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 08/13/2015	
7. TIME (A.M. OR P.M.) 					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). The Animas River serves as the primary water source for The City of Aztec. The water distribution systems of Aztec and Bloomfield are connected by a water line for emergencies, and the rates are set by agreement. To meet demand during the Spill, Aztec requested that water be served. The rate in the agreement was \$2.63 per 1,000 gallons. The current in-city rate for water was \$4.57 per 1,000 gallons. Additionally, Bloomfield's water plant operators had to work overtime to meet the extra demand. Bloomfield is requesting reimbursement for the difference between the two water rates, and for the overtime.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). The damages incurred due to loss of revenue from the discounted sale of treated water, conservation measures, and OT required by the water plant operators to keep up with demand. Compare attached revenue data for August 2014 and 2015.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. N/A					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Jason Thomas, Public Works Director Rubin Armenta, Water Plant Superintendent Andrew Galloway, Water Plant Supervisor		City of Bloomfield, 915 N. First Street, Bloomfield, NM 87413 City of Bloomfield, 915 N. First Street, Bloomfield, NM 87413 City of Aztec, 201 Navajo Dam Rd. Aztec, NM 87410			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
12,780.57				12,780.57	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
 CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			505-333-7816		02/10/2016
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

New Mexico Self-Insurer's Fund

PO Box 846

Santa Fe, NM 87504

Policy No: 1080W

Phone: 505-982-5573

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

No

17. If deductible, state amount.

0.00

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

New Mexico Self-Insurer's Fund

PO Box 846

Santa Fe, NM 87504

Policy No: 1080L

Phone: 505-982-5573

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

Water Transfer to City of Aztec 2015
Animas River Water Emergency (Gold King Mine Spill)

Date	Amount (x 1,000) gallons
13-Aug	464
14-Aug	240
15-Aug	379
16-Aug	217
17-Aug	365
18-Aug	362
19-Aug	369
20-Aug	390
21-Aug	213
22-Aug	267
23-Aug	307
24-Aug	406
25-Aug	340
26-Aug	264
27-Aug	0 (localized flooding)
28-Aug	417
29-Aug	312
30-Aug	315
31-Aug	0
1-Sep	384
2-Sep	197
TOTAL	6208
	6208000 gallons
	19.05 ac-ft

Total Bill to Aztec = \$2.63/1000 gallon \$16,327.04

Total Cost at commercial rate = \$4.57/1000 gallon \$28,370.56

Difference from Aztec Bill \$12,043.52



City of Bloomfield
P.O. BOX 1839
915 N. 1st Street
Bloomfield, NM 87413
(505) 632-6305
www.bloomfieldnm.com

CITY OF AZTEC
201 W CHACO
AZTEC, NM 87410

**** FINAL BILL ****

Account Number	AMOUNT DUE
651-440000-000	\$16,327.04
Due Date	After Due Date Pay
11/16/2015	\$16,327.04
Account Name	
CITY OF AZTEC	
Service Address	
44000 LOADING STATION	
Amount Enclosed	

There will be a charge on all returned checks.
Please return this portion with your payment.
When paying in person, please bring both portions of this bill.

CUSTOMER ACCOUNT INFORMATION - RETAIN FOR YOUR RECORDS

Name				Service Address		Account Number
CITY OF AZTEC				44000 LOADING STATION		651-440000-000
Status	Service Dates			Bill Date	Transmitter #	Due Date
	From	To	# Days			
Disconnect	10/29/2015	11/2/2015	4	11/2/2015		11/16/2015

PREVIOUS BALANCE	\$0.00
PAYMENTS	\$0.00
ADJUSTMENTS	\$0.00
PENALTIES	\$0.00
PAST DUE AMOUNT	\$0.00

CURRENT		PREVIOUS		USAGE	
DATE	READING	DATE	READING		
				TAX	\$0.00
				CURRENT BILL	\$16,327.04
				AMOUNT DUE	\$16,327.04

THIS IS YOUR FINAL BILL FOR SERVICE AT THIS ADDRESS. PLEASE PAY PROMPTLY. ANY UNPAID BALANCES WILL CONTINUE TO ACCRUE LATE PENALTIES AND BE PLACED WITH A COLLECTION AGENCY.

THIS IS YOUR FINAL BILL FOR SERVICE

Jason Thomas

From: Purchasing
Sent: Tuesday, January 05, 2016 10:49 AM
To: Jason Thomas
Subject: Receipt #R00050212

City of Bloomfield
915 N. 1st Street
Bloomfield, NM 87413
505-632-6305

DATE : 11/17/2015 2:15 PM
OPER : 002
TKBY : MS
TERM : 2
REC# : R00050212
1 UTILITY PAYMENT
651-440000-000 : CITY OF AZTEC
Utility Payment -16327.04
Balance After Payment 0.00

2-CHECK 16327.04

Jason Thomas

From: Rubin Armenta
Sent: Tuesday, January 05, 2016 5:50 PM
To: Jason Thomas
Subject: FW: WATER REVENUE

This is what Glenda came up with for August 2015 & 2014.

From: Glenda Dugger
Sent: Tuesday, January 05, 2016 5:43 PM
To: Rubin Armenta <RArmenta@bloomfieldnm.com>; Jason Thomas <jthomas@bloomfieldnm.com>
Subject: WATER REVENUE

Rubin,
I ran the monthly billing reports for both August 2014 and August 2015.

Revenue Code	August 2014	August 2015
100-Water	\$278,527.74	\$174,990.28
820-Hydrant	\$7,649.10	\$4,009.79

Hope this is what you need.

City of Bloomfield, NM - Overtime to Deliver Water to Aztec during the Animas River Spill

EMPLOYEE NAME	DATE	OVERTIME HRLY RATE	HOURS	SALARY	FICA	MED	TOTAL
(b)(6)	08/14/15	30.89	2	61.78	3.83	0.90	66.51
	08/15/15	30.89	2	61.78	3.83	0.90	66.51
	08/16/15	30.89	2	61.78	3.83	0.90	66.51
(b)(6)	08/17/15	31.84	2	63.68	3.95	0.92	68.55
	08/20/15	31.84	2	63.68	3.95	0.92	68.55
(b)(6)	08/13/15	32.77	1	32.77	2.03	0.48	35.28
	08/18/15	32.77	1	32.77	2.03	0.48	35.28
	08/19/15	32.77	2	65.55	4.06	0.95	70.56
	08/24/15	32.77	2	65.55	4.06	0.95	70.56
	08/25/15	32.77	2	65.55	4.06	0.95	70.56
(b)(6)	08/15/15	27.45	2	54.90	3.40	0.80	59.10
	08/16/15	27.45	2	54.90	3.40	0.80	59.10

TOTAL SALARY AND BENEFITS

737.05

BI-WEEKLY

PAY PERIOD ENDING 8/15/2015

OTHERWISE SHOW HOURS WORKED

[illegible]

TIME SHEET

BI-WEEKLY

NAME	(b)(6)	
DEPT.	21	EMPLO (b)(6)

PAY PERIOD STARTING	8/16/2015
PAY PERIOD ENDING	8/29/2015

WORK WEEK IS SUNDAY THRU SATURDAY

X-NOT SCHEDULED TO WORK

H-HOLIDAY

OTHERWISE SHOW HOURS WORKED

		S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	TOTAL HOURS
DATE		16	17	18	19	20	21	22	23	24	25	26	27	28	29	
TIME WORKED																
REGULAR		X	10	10	10	10	X	X	X	10	10	10	10	X	X	80
TIME TAKEN																
OFF																
*JOB RELATED																
SICKNESS																0
OTHER																
SICKNESS																
VACATION																
PERSONAL HOL																0
ADM LEAVE																0
BERV LEAVE																0
TOTAL REGULAR, SICKNESS, VACATION, PERSONAL, ADM, AND BERV. LEAVE HOURS																
**O.T.	STBY						2	4	4	2						12
EARNED	ST															
	OT		2			2					2					6

****SHOW BELOW: DATE, TIME, AND SERVICE PERFORMED FOR ALL STANDBY AND OVERTIME HOURS WORKED.**

*JOB RELATED ILLNESS OR INJURY EXPLANATION MUST BE ATTACHED FOR WORKERS COMP (b)(6)

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

OVERTIME EARNED INDICATED FROM ABOVE IS EXPLAINED AS FOLLOWS:

[illegible]

JOB RELATED ILLNESS OR INJURY EXPLANATION AS FOLLOWS:

[illegible]

[illegible]

**TIME SHEET
BI-WEEKLY**

NAME **(b)(6)**
 DEPT. 21 EMPLOYEE # **(b)(6)**

PAY PERIOD STARTING 8/16/2015
 PAY PERIOD ENDING 8/29/2015

WORK WEEK IS SUNDAY THRU SATURDAY

X-NOT SCHEDULED TO WORK

H-HOLIDAY

OTHERWISE SHOW HOURS WORKED

DATE	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	TOTAL HOURS
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
TIME WORKED	x	10	10	10	10	x	x	x	10	10	10	10	x	x	80
REGULAR															
TIME TAKEN															
OFF															
*JOB RELATED SICKNESS															0
OTHER SICKNESS															0
VACATION															0
PERSONAL HOL															0
ADM LEAVE															0
BERV LEAVE															0
TOTAL REGULAR, SICKNESS, VACATION, PERSONAL, ADM, AND BERV. LEAVE HOURS															80
**O.T. EARNED	STBY	4	2										2	4	12
	ST														0
	OT	2		1	2				2	4					11

**SHOW BELOW; DATE, TIME, AND SERVICE PERFORMED FOR ALL STANDBY AND OVERTIME HOURS WORKED.

*JOB RELATED ILLNESS **(b)(6)** WORKERS COMP. **(b)(6)**

EMPLOYEE SIGNATURE **(b)(6)**

SUPERVISOR SIGNATURE **(b)(6)**

OVERTIME EARNED INDICATED FROM ABOVE IS EXPLAINED AS FOLLOWS:

DATE	HOURS	REASON	SUPERVISOR
8/16/2015	4 stby	on call	(b)(6)
8/17/2015	2 stby	on call	(b)(6)
8/17/2015	2 ot	Got called out to work on miox unit	(b)(6)
8/18/2015	1 ot	stayed over to keep up with demand, still selling water to Aztec	(b)(6)
8/19/2015	2 ot	stayed over to keep up with demand, still selling water to Aztec	(b)(6)
8/24/2015	2 ot	stayed over to keep up with demand, still selling water to Aztec	(b)(6)
8/25/2015	2 ot	stayed over to keep up with demand, still selling water to Aztec	(b)(6)
8/25/2015	2 ot	Attended Mandatory Defensive Driving Course	(b)(6)
8/28/2015	2 stby	on call	(b)(6)
8/29/2015	4 stby	on call	(b)(6)

JOB RELATED ILLNESS OR INJURY EXPLANATION AS FOLLOWS:

DATE	HOURS	REASON	SUPERVISOR

BI-WEEKLY

NAME

(b)(6)

DEPT.

21

EMPLOYEE #

(b)(6)

PAY PERIOD STARTING

8/16/2015

PAY PERIOD ENDING

8/29/2015

WORK WEEK IS SUNDAY THRU SATURDAY

X-NOT SCHEDULED TO WORK

H-HOLIDAY

OTHERWISE SHOW HOURS WORKED

		S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	TOTAL HOURS
DATE		16	17	18	19	20	21	22	23	24	25	26	27	28	29	
TIME WORKED			x	x	x						x	x				
REGULAR		10				10	10	10	10	5			5	10	10	80
TIME TAKEN																
OFF																
*JOB RELATED																0
SICKNESS																
OTHER																0
SICKNESS																0
VACATION																0
PERSONAL HOL																0
ADM LEAVE																0
BERV LEAVE																0
TOTAL REGULAR, SICKNESS, VACATION, PERSONAL, ADM, AND BERV. LEAVE HOURS																80
**O.T.	STBY															0
EARNED	ST															0
	OT	2					3				4					9

****SHOW BELOW: DATE, TIME, AND SERVICE PERFORMED FOR ALL STANDBY AND OVERTIME HOURS WORKED.**

*JOB RELATED ILLNESS OR INJURY:

DR WORKERS COMP.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

OVERTIME EARNED INDICATED FROM

[illegible]

JOB RELATED ILLNESS OR INJURY EXPLANATION AS FOLLOWS:

[illegible]

BI-WEEKLY

NAME

(b)(6)

DEPT.

21

EMPLOYEE #

(b)(6)

PAY PERIOD STARTING

8/2/2015

PAY PERIOD ENDING

8/15/2015

WORK WEEK IS SUNDAY THRU SATURDAY

X-NOT SCHEDULED TO WORK

H-HOLIDAY

OTHERWISE SHOW HOURS WORKED

[illegible]

****SHOW BELOW; DATE, TIME, AND SERVICE (b)(6) AND OVERTIME HOURS WORKED.**

*JOB RELATED ILLNESS OR INJURY. EX [REDACTED] R WORKERS COMP.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

OVERTIME EARNED INDICATED FROM ABOVE IS EXPLAINED AS FOLLOWS

[illegible]

JOB RELATED ILLNESS OR INJURY EXPLANATION AS FOLLOWS:

[illegible]

Media Release

Bloomfield Water Conservation Request

August 13, 2015

Jason Thomas, Public Works Director, 505-333-7816

BLOOMFIELD – It's all about doing the right thing, because doing the right thing is always the right thing to do.

That is one of Bloomfield Mayor Scott Eckstein's mantras, and the City of Bloomfield is doing the right thing by helping its sister city, Aztec, provide safe drinking water for its residents.

The release of contaminated water from a breach at the Gold King Mine north of Silverton, Colo., recently sent more than 3 million gallons of toxic mine waste down the Animas River, where the City of Aztec gets its water. Aztec has imposed mandatory water restrictions on its citizens and businesses, said Bloomfield Public Works Director Jason Thomas.

"The City of Bloomfield has also limited the use of city water on its parks and ballfields," Thomas said. "And while Bloomfield gets its water from the San Juan River so our water isn't affected by the breach, as neighbors of Aztec, we're all in this together."

Residents of Bloomfield and its businesses are being asked to voluntarily conserve city water.

"We're asking our citizens to water lawns, gardens and landscaping between the hours of four and ten in the morning or from six and ten at night," Thomas said, adding that sidewalks, driveways and vehicles should also not be washed until further notice.

Bloomfield Mayor Scott Eckstein said he hopes Bloomfield residents will help conserve water to help the city's friends and neighbors in Aztec.

"This is an unfortunate situation, but it also gives us an opportunity to come together as communities to work together to get through it," Eckstein said. "Aztec has helped Bloomfield in the past during emergencies and we're happy to be able to return those favors."

For more information, call Jason Thomas at 505-333-7816.